FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

CLEARWATER FL 33760

DOCUMENT # P98000060326

1. Corporation Name

Principal Place of Business

CLEARWATER FL 33760

13830 58TH STREET NORTH #401

MRDM, INC.

Mar 17, 1999 8:00 am Secretary of State 03-17-1999 90072 042 ***150.00

FILED

DO NOT WRITE IN THIS SPACE

Mailing Address 13830 58TH STREET NORTH #401

07/08/1998

3. Date Incorporated or Qualifed

					1 0110-1-1-1			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number 59-3525716		plied For	
21		26			37-33 & 3714		ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 / Fee Re		
City & Stat	e	City & State			6. Election Campaign Financing	\$5.00	May Be	
23		28			Trust Fund Contribution	Added 1	to Fees	
Zip	Country	Zip	Country		8. This corporation owes the current year Inta	ngible	_	
24	25	29	30		Personal Property Tax.	☐Yes	Ø₩0	
	9. Name and Address of Curren	nt Registered Agent			10. Name and Address of New Registered A	gent		
					81 Name			
MELI, MICHAEL R 13830 58TH ST. NORTH, STE. 401 CLEARWATER FL 33760				82 Street Address (P.O. Box Number is Not Acceptable)				
				83				
			84	City	FŁ.	85 Zip (Code	
44 Dureuant	to the provisions of Sections 607 050	2 and 607 1508 Florida Statut	tes the above	e-named o	corporation submits this statement for the purpose of c	hanging its	registered	
office or r	registered agent, or both, in the State	of Florida, Such change was a	authorized by	the corpo	pration's board of directors. I hereby accept the appoint	tment as re	gistered	
agent, I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Flo	orida Statutės	i.				
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if Annicohle (MOTE	· Registered Aner	at signature re-	equired when reinstating) DATE			
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	DRS IN 12	
TITLE	011102110711	☐ DELETE	1.1 TITLE		P/T/S/D Michael R. Meli 13830 58+ St. North, Sta	Change	X Addition	
NAME		<u></u>	1.2 NAME		MichAel R. Meli	1.61	•	
				T ADDRESS	13830 58+ St. North, STG	40/		
STREET ADDRESS			1.4 CITY-S	ADDRESS	CLEARWATER, FL 3376	\sim		
CITY-ST-ZIP		☐ DELETE	1.4 CITY-S 2.1 TITLE	1-ZIP	Crement or 1 2 0 · 10	Change	Addition	
TITLE			2.1 MLE					
NAME								
STREET ADDRESS				TADDRESS				
CITY-ST-ZIP			2.4 CITY-5	ST-ZIP		Change	☐ Addition	
TITLE	İ	☐ DELETE	3.1 TITLE			☐ Change		
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREE	TADORESS				
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	3.4. CITY-5	ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE			☐ Change	Addition Addition	
NAME			4. 2 NAME					
STREET ADDRESS	}		4.3 STREE	T ADDRESS				
CITY-ST-ZIP	1		4.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	ADDRESS				
CITY-ST-ZIP			5.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	6.1 TITLE			Change	Addition	
NAME			6.2 NAME					
			6,3 STRFF	TADDRESS				
STREET ADDRESS			6.4 CITY-S					

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed for on mile taken and the same appears in the receiver of the corporation of the receiver of the receiver of the corporation of the receiver of the receiver of the corporation of the receiver
SIGNATURE:

CR2E034 (11/98)